



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 02975.000090																				
		First Named Inventor or Application Identifier JUN KOIDE																				
		Express Mail Label No.																				
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																				
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: _____																				
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																					
3. <input checked="" type="checkbox"/> Specification <div style="float: right;">Total Pages 49</div>																						
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <div style="float: right;">Total Sheets 8</div>																						
5. <input checked="" type="checkbox"/> Oath or Declaration <div style="float: right;">Total Pages 1</div> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>																						
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																						
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <small>Prior application information:</small></div><div><input type="checkbox"/> Divisional <small>Examiner</small></div><div><input type="checkbox"/> Continuation-in-part (CIP) <small>of prior application No. ____/____ Group/Art Unit: _____</small></div></div>																						
18. CORRESPONDENCE ADDRESS <div style="display: flex; align-items: center;"><div><input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">05514</div><small>(insert Customer No. or Attach bar code label here)</small></div><div>or <input type="checkbox"/> Correspondence address below</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">NAME</td><td colspan="4"></td></tr><tr><td>Address</td><td colspan="4"></td></tr><tr><td>City</td><td>State</td><td colspan="2">Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td colspan="2">Fax</td><td></td></tr></table>			NAME					Address					City	State	Zip Code			Country	Telephone	Fax		
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Country	Telephone	Fax																				

17368 U.S. PTO
10/6/2019
06/25/03



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	18-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
	Total of above Calculations =				\$750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$750.00

19. Small entity status

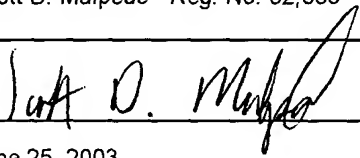
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 750.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Scott D. Malpede - Reg. No. 32,533
SIGNATURE	
DATE	June 25, 2003